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SERIAL NUMBER 10/551,253	FILING OR 371(c) DATE 09/28/2005 RULE	CLASS 340	GROUP ART UNIT 2612	ATTORNEY DOCKET NO. 109909-145060
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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/US04/09987 04/01/2004 which claims benefit of 60/459,875 04/01/2003

** FOREIGN APPLICATIONS *****

No
Han

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/11/2006

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	STATE OR COUNTRY WA	SHEETS DRAWING 9	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
Verified and Acknowledged	<i>Han</i>	Allowance Examiner's Signature	<i>Han</i>	Initials			

ADDRESS

25943

TITLE

Mobile communication device with user wellness verification

FILING FEE RECEIVED 700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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